


<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application No.	NA
	Filed	Concurrently herewith
	First Named Inventor	Feller
	Art Unit	NA
	Examiner Name	NA
	Attorney Docket Number	PER1.003

I hereby appoint:			
<input checked="" type="checkbox"/>	Practitioners at Customer Number	003775	 <b>03775</b> PATENT TRADEMARK OFFICE
OR			
	Practitioner(s) named below:		

Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			
--	--	--	--

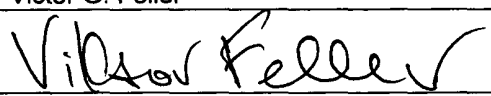
Please change the correspondence address for the above-identified application to:

	The above-mentioned Customer Number.		
OR			
	Practitioners at Customer Number.		→ Place Customer Number Bar Code Label here

OR			
	Firm or Individual Name		
	Address		
	Address		
	City	State	Zip
	Country		
	Telephone	Fax	

I am the:	
<input checked="" type="checkbox"/>	Applicant/Inventor.
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Victor G. Feller
Signature →	
Date →	June 23, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

*Total of <u>1</u> forms are submitted.
---